FÔRM[°]D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
OMB Number: 3235-0076
Expires: December 31, 1996
Estimated average burden
hours per response. . . . 16.00

SEC USE ONLY							
Prefix		Serial					
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· .	I
Name of Offering (C.) check if this is an amendment and name has changed, and i	ndicate change.)
Original Issuance	
Filing Under (Check box(es) that apply): 12 Rule 504 Rule 505 Rule 506	6 Section 4(6) SULDENVED
Type of Filing: X New Filing	
A. BASIC IDENTIFICATION DAT.	A FER M 2005
1. Enter the information requested about the issuer	**************************************
Name of Issuer (check if this is an amendment and name has changed, and indi	cate change.)
Desert Eagle Aviation, Inc.	152
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
23600 Salamo Road, West Linn, Oregon 97068	949/260-0829
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Assisting business torons largering	
Aviation business travel services	TABLEM DESCRIPTION CONTROL CON
	05001989
Type of Business Organization Corporation Imited partnership, already formed	
	☐ other (please specify):
□ business trust □ limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization:	Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service al	-
CN for Canada; FN for other foreign	
CENTED AT AMOUNT OF TONIC	
GENERAL INSTRUCTIONS	

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required. Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	nter the information t	•	_			,
•				i within the past five year		
•	Each beneficial own securities of the issu	• •	wer to vote or dispose, o	or direct the vote or dispo	osition of, 10%	or more of a class of equi
•	Each executive office	er and director of	corporate issuers and o	f corporate general and π	nanaging partne	rs of partnership issuers; ar
•	Each general and m	anaging partner (of partnership issuers.			·
Check	Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full N	ame (Last name first	, if individual)				
. A)	pplied Compu	ter Solut	ions		,	
			and Street, City, State, 2			
15	5461 Springd	ale Street	t, Huntington	Beach, Califo	ornia 926	49
Check	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full N	ame (Last name first	, if individual)	'			
	Michael A.	Davis				
Busine	ss or Residence Addr	ress (Number a	nd Street, City, State, 2	Cip Code)		
	15461 Sprin	gdale Stre	et, HUntingto	on Beach, Cali	fornia 9	2649
Check	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full N	ame (Last name first	, if individual)				
Busine	ss or Residence Addr	ress (Number a	nd Street, City, State, 2	Zip Code)		· · · · · · · · · · · · · · · · · · ·
Check	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full N	ame (Last name first	, if individual)				
Busine	ss or Residence Addr	ess (Number a	nd Street, City, State, 2	(ip Codé)		
					•	
Check	Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full N	ame (Last name first,	, if individual)				
						·
Busine	ss or Residence Addr	ess (Number a	nd Street, City, State, 2	(ip Code)		
Check	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Na	ame (Last name first,	if individual)				
Busine	ss or Residence Addr	ess (Number a	nd Street, City, State, 2	ip Code)		
Check	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Na	ame (Last name first,	if individual)				
Busine	ss or Residence Addr	ess (Number a	nd Street, City, State, Z	ip Code)	·	······································

A. BASIC IDENTIFICATION DATA

1. Has	the issuer	sold, or de	oes the iss	uer intend	to sell, to	non-accre	edited inve	stors in th	is offering	?		Yes □	No
			An	swer also	in Append	iix, Colum	ın 2, if fili	ng under l	JLOE.				•
2. Wha	it is the mi	nimum inv	estment ti	nat will be	accepted	from any	individual	?				: s 48	3 <u>,0</u> 0
			•									Yes	No
3. Does	s the offeri	ng permit	joint own	ership of	a single ur	it?					• • • • • • • • •	C	XL.
sion to be list t	er the inform or similar relations as a listed is a he name of ealer, you	emunerati n associate f the broke	on for soliced person of er or deale	citation of or agent of r. If more	purchaser f a broker than five	s in connect or dealer r (5) person	tion with s registered v s to be list	ales of sect with the SE ed are asso	irities in th C and/or	e offering. with a star	If a perso te or state	on s,	
Full Nam	e (Last nar	ne first, if	individua	l)									
•													
Business of	or Residenc	e Address	(Number	and Stree	t, Čity, St	ate, Zip C	ode)			·			
Name of	Associated	Broker or	Dealer										
States in	Which Pers	on Listed	Has Solic	ited or Int	tends to Se	olicit Purch	hasers			··	 		
	"All State		,									□ All S	tates
				[CA]	[CO]	[CT]	[DE]		[FL]	[GA]	[HI]	(ID)	· ares
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	(OK)	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	$\{WV\}$	[WI]	[WY]	[PR]	
Full Name	e (Last nan	ne first, if	individual	1)									
Business o	or Residenc	e Address	(Number	and Street	t, City, St	ate, Zip Co	ode)				,		
							٠.	•		•			
Name of	Associated	Broker or	Dealer										
											i		
States in '	Which Pers	on Listed	Has Solic	ited or Int	ends to So	olicit Purch	nasers						
	"All State											□ All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[[]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	$\{NY\}$	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT.]	[VT]	[VA]	[WA]	[WV]		[WY]	-[PR]	
Full Name	e (Last nan	ne first, if	individual)	* *	* 4							
Business o	r Residenc	e Address	(Number	and Street	, City, Sta	ate, Zip Co	ode)						
		-							r		**		
Name of .	Associated	Broker of	Dealer		<u> </u>								
								•	*				
Sinta- in 1	Which Pers	on Listed	Has Salia	tad or Int	ands to So	ligit Durch	22975	<u>·</u>	·				
						men Fuici	143613						0100
(Check	"All States [AK]	or chec	k individu [AR]	al States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	☐ All St	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	•
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]	
[D]]	(SC)	isni	ETNI	ITY	inmi	IVTI	[VA]	IWAI	iwvi	rwn	iwvi	(PR)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$ 48,000.0	05 <u>48,000.0</u> 0
	Common 🗆 Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$48,000.00
	Non-accredited Investors	·	\$
	Total (for filings under Rule 504 only)	1	\$48,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		ŕ
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		<u>.</u>
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		<u>\$ 48.000.00</u>
	Total		<u>\$ 48,000.0</u> 0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
٠. '	Accounting Fees.		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		9
	Other Expenses (identify)		\$
	Total	······×	\$

	b. Enter the difference between the aggregate of tion 1 and total expenses furnished in response				•
	"adjusted gross proceeds to the issuer."	to fair o a Question 4.2. This difference			\$ <u>48,000</u> 0
i.	Indicate below the amount of the adjusted groused for each of the purposes shown. If the an estimate and check the box to the left of the estit the adjusted gross proceeds to the issuer set for	nount for any purpose is not known, furn mate. The total of the payments listed must	ish an equai		
				Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		□ s	·	. 🗆 \$
	Purchase of real estate		□ \$	<u> </u>	
	Purchase, rental or leasing and installation	of machinery and equipment	□ \$		□ \$
,	Construction or leasing of plant buildings a	and facilities	□ \$. 🗆 \$
	Acquisition of other businesses (including the offering that may be used in exchange for issuer pursuant to a merger)	the assets or securities of another	□ s		
	Repayment of indebtedness		. 🗆 💲	· · · · · · · · · · · · · · · · · · ·	□ \$
	Working capital		□ \$		\$48,000.00
	Other (specify):		□ \$		Ó S
			□ •		□ «
	Column Totals				
	Total Payments Listed (column totals added	•			•
	Total Fayments Listed (Column totals added	<u>υ</u> ,		. <i>6</i> - 2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-	0,000.00
_		D. FEDERAL SIGNATURE			
	issuer has duly caused this notice to be signed owing signature constitutes an undertaking by the		d Exe	change Commis	ssion, upon written re-
11	st of its staff, the information furnished by the		- 	Date	
ll se	er (Print or Type) sert Eagle Aviation, Inc.	Signature // Signature	M		02-01-2005
oll su e	er (Print or Type)	Signature Title of Signer (Print or Type)	M		

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?



See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature 1 100000	Date
Desert Eagle Aviation, Inc.	McCalle Los	02-01-2005
Name (Print or Type)	Title (Print or Type)	
Michael A. Davis	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDID

1		2	.3			4			
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	A mou nt	Yes	No
AL		,							·
AK									
AZ									
AR									
CA					:				
co			· _, .						
СТ									
DE		,							
DC			Jan						
FL									
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KS				-					
KY									,
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MD									
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MN		-							
MS	ļ						· .		
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APPENDIX

1		2	3	<u> </u>		4			5	
	Intend to sell and age to non-accredited offering investors in State offered		Type of security and aggregate offering price offered in state (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)			•	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)		
				Number of Accredited		Number of Non-Accredited				
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
MT										
NE	 									
NV										
NH						ļ				
NJ	<u></u>					<u> </u>				
NM	l						· 			
NY										
NC							<u> </u>			
ND										
ОН										
OK										
OR		х	common	1	48,000.	00 -0-	-0-		х	
PA										
RI										
SC										
SD							,			
TN										
TX										
UT										
VT				`	·					
VA										
WA										
wv								·		
WI						·				
WY	·									
PR										